

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3654

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada Washington Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>0860</u>			
c. LENGTH OF STAY (in this place) <u>1 M-7 D-</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital #3</u>				1			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leo</u>		b. (Middle) <u>-</u>		c. (Last) <u>Phillips</u>	
4. DATE OF DEATH		(Month) <u>1-</u>		(Day) <u>31-</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-2-1911</u>	
9. AGE (In years last birthday) <u>39</u>		10. UNDER 1 YEAR Months <u>1</u>		11. UNDER 1 YEAR Days <u>29</u>		12. UNDER 1 YEAR Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Pack U.S.</u>	
13a. FATHER'S NAME <u>Frank Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Montgomery</u>		14. NAME OF MARRIAGE WIFE <u>Lern Phillips</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lern Phillips - Bolivar Mo - R</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio Pneumonia.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <u>none</u> 19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>2 Months</u>  <u>49 IX</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>12-24-</u> , 19 <u>49</u> , to <u>1-31-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-31-</u> , 19 <u>50</u> , and that death occurred at <u>955 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Bernick M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>1-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>2-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancey</u> <u>331</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Turpin Funeral Home Bolivar Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-5012

Date Filed 2-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 3053

P. O. Address Pelican, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.